

WHFRTC CLEARANCE REQUEST

UNIT:	TRAINING PERIOD	
ADDRESS:	FROM:	TO:
	NUMBER OF PERSONNEL:	
	NUMBER OF MILITARY VEHICLES:	
PHONE NUMBER:	MODE OF TRAVEL: CONVOY/BUS/AIR/RAIL/POV	
UNIT POINT OF CONTACT:		

FACILITIES CLEARANCE REQUIREMENTS

	AREAS ASSIGNED	SITE REP SIGNATURE	DATE/TIME
CLASSROOMS:			
BARRACKS:			
LOGISTICS:			
DRILL HALL			
SIM CENTER			
TOC PADS			
RQ SHOWER HOUSE			
ALL COMMONS AREAS			
BN HQS			
TMC			
PAVALION			
BOAT HOUSE PAVALION			
FOOD SERVICE TECH			
CHARGEABLE HOUSING			
VOLLEY BALL/B BALL COURTS			
FITNESS CENTER			
RANGES			
BIVOUAC AREAS			
ROADS			
MOUNT SITES			
DROP ZONES			
AIR FIELD			
ENGAGEMENT SKILLS TRAINER			
VCOT			
CFFT			
DFIRST			
MILES EQUIP			
TRAINING AIDS			
UTILIZATION REPORT			
ENGINEERING			
UTES			
REMARKS:			

CLEARANCE GRANTED:

SIGNATURE

DATE: _____